

Federal Election Commission
999 E. St., NW
Washington, D.C. 20463

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2018 MAR 14 AM 11:41

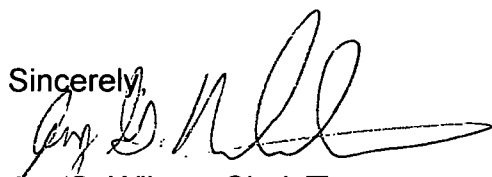
To Whom It May Concern:

We would like to take this opportunity to launch our newly-formed Super PAC to advocate for our interests in this election cycle. Now more than ever, it seems an appropriate time to make our voices heard. Please consider and approve our formative documents for the "Make Russia Great Again PAC" at your earliest convenience. There is much to be done, and the window of time closes on our ability to advance these interests.

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Thank you so much for your time and attention to this matter. Only in America can we endeavor to build such an advocacy group, and join our voices to the great electoral chorus.

Sincerely,



Jay G. Wilson, Chair/Treasurer
Make Russia Great Again P.A.C.

Make Russia Great Again
P.O. Box 1154
Clovis CA 93613-1154

FEC FORM 1

STATEMENT OF ORGANIZATION

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2018 MAR 14 AM 11:41
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MAKE RUSSIA GREAT AGAIN

ADDRESS (number and street)

13846 CHESIA LANE

☐

(Check if address
is changed)

CLONIS

CITY ▲

CA

STATE ▲

913619-5144

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

admin@mrgapac.com

ADMIN@MRGAPAC.COM

Optional Second E-Mail Address

heretical@me.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

www.mrgapac.com

2. DATE

03

11

2018

3. FEC IDENTIFICATION NUMBER ►

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jay G. Wilson

Signature of Treasurer

Jay G. Wilson

Date

03

11

2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

Candidate Committee:

- Name of
-
- Candidate

[illegible]Office
Sought:

House

Senate

President

State

District

- Name of
-
- Candidate

(d) ☐ This committee is a

(National, State
or subordinate) committee of the

(Democratic,
Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- | | | | | | |
|--------------------------|---|--------------------------|-------------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Corporation w/o Capital Stock | <input type="checkbox"/> | Labor Organization |
| <input type="checkbox"/> | Membership Organization | <input type="checkbox"/> | Trade Association | <input type="checkbox"/> | Cooperative |
| <input type="checkbox"/> | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |

- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

1.

FEC ID number

C _____

2.

FEC ID number

C

3.

FEC ID number

C

4.

FEC ID number

C

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position

Telephone number

Jay Gregory Wilson

3846 Chiesia Ln

Clio, Wis

CA

93619-5144

CITY

STATE

ZIP CODE

Chairperson

559-978-7940

Full Name of
Designated
Agent

VINCE CIOSARO

Mailing Address

616 E Cambridge Ave

Fresno

CITY

CA

STATE

93704-

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

559-916-7946

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

855 Polasky Ave

Glenn

CITY

CA

STATE

93612-

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). Joint Fundraising Participant:

1. _____
2. _____
3. _____
4. _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

FEC ID number

C _____

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number

_____-_____-_____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc. _____

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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PHONE (559) 478-7446

For pickup or USPS Tracking, visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available)
- ☐ 10:30 AM Delivery Required (additional fee, where available)
- ☐ *Refer to USPS.com or local Post Office for availability.

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PHONE ()

Federal Electric Corporation
999 E St NW
Washington D.C. 20445

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For pickup or USPS Tracking, visit USPS.com or call 800-222-1811.

\$100.00 Insurance Included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
991612	3/14/18	\$24.70	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
3/12/18	10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON <input checked="" type="checkbox"/>	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
4:20	\$	\$	\$
Weight	Sunday/Holiday Premium Fee	Postage & Fees	
lb. ozs.	\$	\$24.70	
Acceptance Employee Initials	Acceptance Employee Signature		
W			

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

LABEL 11-B, JANUARY 2014

PSN 7690-02-000-9996

3-ADDRESSEE COPY

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
ΣΣ PREPARER	3/14/18 DATE PREPARED

(3/2015)

DATE PREPARED